Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055001	A. BUILDING: 01 B. WING _____	02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMAZING GRACE REST HOME	3633 AMAZING GRACE ROAD LAWNDALE, NC 28090

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Construction Section Biennial Survey report Frank Strickland on 02/08/2018: Base on the information obtained from the DHSR database, this facility was first licensed on 12/16/74. Therefore, we are requiring that this facility to meet the 1971 "Minimum and Desired Standards and Regulations (Homes for the Aged and Family Care Homes) and applicable portions of the 2005 Regulations for Adult Care Homes of Seven or more beds. Also, the 1967 North Carolina State Building Code Volume I-General Construction Section 407 Group "D" Institutional. FACILITY IS CURRENTLY LICENSED FOR 10 BEDS. Deficiencies have been cited and a Plan of Correction is required.	C 000	Fire alarms were inspected the following week. Inspection was performed by AlarmSouth. All alarms & smoke detectors were found to be functioning as expected.	
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1-Based on observations, this facility has failed to have current safety inspection reports. Findings on 02/08/2018: There is not a current Fire Marshal's safety inspection report or a Fire Alarm Testing report on site for review.	C 111		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Melanie L Wilson 3-21-18